

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009802

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11Primary Registration District No. 4024Registrar's No. 30

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY Barryb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CassvilleLength of stay in 1b
4 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cassville HospitalInside Limits
Yes ☒ No ☐c. CITY OR TOWN MonettInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1008 BroadwayReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

VirginiaL.Shelley

4. DATE OF DEATH

Month

Day

Year

March 27, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/7/10

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Harvey, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Louis E. Beattie

13b. MOTHER'S MAIDEN NAME

Gladys Dilldine

14. NAME OF HUSBAND OR WIFE

Norman Shelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Norman Shelley, Monett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bronchogenic Carcinoma (Left Lung)Unknown.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 23, 1962 to March 27, 1962 and last saw her alive on March 27, 1962.
Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James E. Lindling, D.O.

22b. ADDRESS

Cassville, Mo.

22c. DATE SIGNED

3/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

3/30/62

23c. NAME OF CEMETERY OR CREMATORY

Newcomers' Crematory

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. D. Buchanan, Monett, Mo.

25. DATE RECD. BY LOCAL REG.

Mar 28 - 1962

26. REGISTRAR'S SIGNATURE

Grace Williams

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 12 1962

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Renewal Permit issued 3-28-62 R.W.